

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 1

2. STATE:

MICHIGAN

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.40

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 240,000

b. FFY 2002 \$ 250,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-C pages 1 and 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-C page 1

10. SUBJECT OF AMENDMENT:

hospital leave days

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

JAMES K. HAVEMAN, JR.

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

5/8/01

16. RETURN TO:

Michigan Department of Community Health
Office of Federal Liaison
6th Floor Lewis Cass Building
320 South Walnut Street
Lansing, Michigan 48913

Attention: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03/13/01

18. DATE APPROVED:

4/27/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1-1-01

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

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MAR 13 2001

DMCH - MI/MN/WI

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medical Services Administration

MEMORANDUM

To: Nancy Bishop

Date: 1/29/01

From: Don McMahon

Re: State Plan Amendment # 01 - 01

Attached are your copies of this State Plan amendment. Information specific to the plan amendment is as follows:

1. Effective date of plan change:

January 1, 2001

2. CFR citation under which proposed change is to be made:

42 CFR 447.40

3. Plan material submitted:

4.19-C pp. 1-2

4. Plan material superseded:

4.19-C pp. 1

5. Purpose of amendment:

The purpose is to allow for payments to nursing homes for hospital leave days and limits payments for therapeutic leave days to 18.

6. Summary of change from current plan:

Adds language to allow for payments to nursing homes for hospital leave days and limits payments for therapeutic leave days to 18.

7. Federal Budget Impact:

a. FFY 2001 \$ 240 thousand

b. FY 2002 \$ 250 thousand

8. FOR INSTITUTIONS ONLY: Is the change significant? No.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Michigan

PAYMENT FOR RESERVED BEDS
DURING A PATIENT'S ABSENCE FROM AN INPATIENT FACILITY

01/01/01

2. There must be a reasonable expectation by the attending physician that the resident will return by the tenth day.
3. The patient must return to the nursing home in ten or fewer days for the facility to bill for hospital leave days. Otherwise, the nursing home is released from its obligation to hold the bed.
4. Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (i) placing the health of the individual in serious jeopardy; (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.
5. Reimbursement for hospital leave days will be a single rate paid to all nursing facility providers regardless of the facility class. The hospital leave day rate is calculated as: average operating cost for nursing facilities, times 95% (room & board portion), times 66% (salary and wage portion of the rate). The single hospital leave day rate will coincide with the State's fiscal year of October 1 through September 30.

III. Notification of bed-hold policy and readmission will be in accordance with CFR 483.12.

TN# 01-01

Approval Date: _____

Effective Date: 01-01-01

Supersedes
TN# N/A new page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Michigan

PAYMENT FOR RESERVED BEDS
DURING A PATIENT'S ABSENCE FROM AN INPATIENT FACILITY

- I. Payment is not made for reserving a bed during a recipient's absence from an acute care general hospital.
- II. Payment for reserving a bed during a recipient's absence from a Long Term Care Facility:
- A. Therapeutic Leave Days – payment is subject to the following conditions:
1. The resident is away for therapeutic and non-medical reasons (for example, home visits).
 2. Payment for reserving a bed for a recipient's therapeutic leave days may not exceed payments for 18 days over the most recent 12-month period.
 3. The bed is reserved for the recipient during his/her absence.
 4. The patient returns to the facility.
 5. The recipient's written plan of care provides for "home visits" (defined as visits with friends and/or relatives, i.e., therapeutic leave days).
 6. With prior authorization, additional therapeutic leave days may be paid if all the following conditions are met:
 - a) the leave is requested for SPECIAL FAMILY OCCASIONS (e.g., reunions, weddings, graduations, birthdays, religious rites),
 - b) if SPECIAL CARE (e.g., personal care, home health, therapy, or medical) is not required during the absence, and
 - c) a PHYSICIAN ORDER (written and signed) is present in the patient's record prior to the leave. (This order must include the duration of leave.)
 7. Reimbursement for therapeutic leave days will be made at the facility's current prospective rate. Therapeutic leave days must be included in the daily inpatient census.
- B. Hospital Leave Days – payment is subject to the following conditions:
1. The hospital admission must be for emergency medical treatment (defined below), as documented by the attending physician in the resident's medical record.

01/01/01

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 TN# N/A new page

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